

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585286

FILING DATE

3-23-09

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	12					
14	12					
15	0					
16	1					
17	1					
18	1					
19	0					
20		0				
21		0				
22		0				
23		0				
24	1					
25	1					
26	1					
27	3					
28	0					
29	1					
30	1					
31	3					
32	0					
33		0				
34	1					
35	1					
36	1					
37	2					
38	0					
39	0					
40	0					
41	0					
42	1					
43	1					
44	0					
45	0					
46	1					
47	1					
48	1					
49	3					
50	0					
TOTAL IND.			↓		↓	
TOTAL DEP.			←	←	←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		0				
53	1					
54	1					
55	1					
56						
57	0	0				
58						
59						
60						
61	0	0				
62						
63	0	0				
64	0	0				
65						
66						
67						
68						
69						
70	0	0				
71						
72	0	0				
73	0	0				
74	0	0				
75						
76						
77	0	0				
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94					1	
95					1	
96					1	
97					1	
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			←	←	←	←
TOTAL CLAIMS						